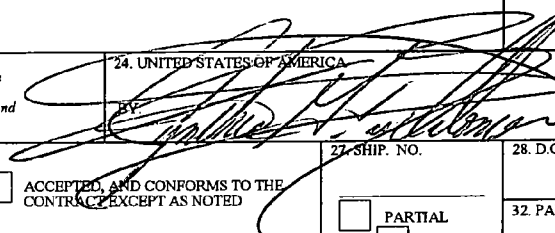


<b>ORDER FOR SUPPLIES OR SERVICES</b> <i>(Contractor must submit four copies of invoice.)</i>						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>3</b>	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.									
1. CONTRACT/PURCH ORDER NO. <b>DAAH23-03-G-0012</b>		2. DELIVERY ORDER NO. <b>UB45</b>		3. DATE OF ORDER (YYMMDD) <b>2004 APR 23</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04042000993</b>		5. PRIORITY <b>DOC9</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil</b>				7. ADMINISTERED BY (If other than 6) <b>DCMA BOEING PHILADELPHIA PO BOX 16859 MS P23-50 (610) 591-8500 PHILADELPHIA PA 19142-0859</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR <b>BOEING CO THE DBA BOEING HELICOPTER ROUTE 291 &amp; STEWART AVE. RIDLEY PARK PA 19078</b>				10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>150 DAYS ADO</b>		11. MARK IF BUSINESS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISAD- VANTAGED <input type="checkbox"/> WOMEN-OWNED			
12. DISCOUNT TERMS <b>NET 30 days</b>				13. MAIL INVOICES TO <b>See Block 15</b>					
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY <b>HQ0337</b> <b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE				This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <b>offer dated 2004 MAR 24, Ms. Elaine Williams</b> and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 SCC0 001 26.0 S33150</b>									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	Remarks: <b>CONFIRMING ORDER - DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>			<b>TOTAL: 3</b>					
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY 		25. TOTAL <b>\$ 233.91</b>			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE	
30. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT				38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS	
								41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

## CONTINUATION SHEET

Order Number:

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## SECTION B

PR YPC04042000993

CAGE/PN 77272 145H18084

CAGE SDC NAME - ADDRESS  
77272 A DBA BOEING HELICOPTER  
ROUTE 291 & STEWART AVE.  
RIDLEY PARK PA 19078  
215-591-9400

## ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04042000993	0001	3	EA	\$77.97000	\$233.91

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## EXCEPTION DATA:

NOTE: 4/22/04

THE BOEING COMPANY REFERENCE QUOTE NUMBER: 8-5414-5-UA18-04009

-----  
THE BOEING COMPANY DATE OF QUOTE: 24 MARCH 2004  
-----

MFC: 77272 P/N 145H1808-4  
ITEM: TUBE, DRAIN 1/2 X 46 E/I: MH-47E  
DATA AVAIL OSD \*

COMPANY: THE BOEING COMPANY  
POC: MS. ELAINE WILLIAMS  
PHONE: 1 610 591 3267  
FAX: 1 610 591 9150  
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## NOTE 2:

THE BOEING COMPANY IS AUTHORIZED TO SHIP LESS NSN IF ONE HAS NOT  
BEEN ASSIGNED.  
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CONTINUED ON NEXT PAGE

## CONTINUATION SHEET

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## SECTION B

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 SEP 20

PARCEL POST ADDRESS:

W62N2A  
XU DEF DIST DEPOT SAN JOAQUIN  
TRANSPORTATION OFFICER  
PO BOX 960001  
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) W908YT40409954 XXX  
RDD CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ TP 2  
SUP ADD WT4KD8 SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WT4KD8  
SR 0052 AV CO CO C STK REC AC  
AWCF SSF  
UNIT 15203  
APO AP 96271-0139

FOR GOVERNMENT USE ONLY: IPD 05

DIC A05 DIST ADV 2B FC RB

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REMIT PAYMENT TO:

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